



**MONROE COUNTY SHERIFFS OFFICE**  
5525 COLLEGE ROAD  
KEY WEST, FL 33040  
305-292-7000

REPORT NUMBER  
**MCSO96ARR080230**  
**WARRANT SERVED**

|                                                         |                            |                                                     |
|---------------------------------------------------------|----------------------------|-----------------------------------------------------|
| Report Date / Time<br><b>08/07/1996 12:00 AM</b>        | Agency Case/Offense Number | OCA Number<br><i>Originating Agency Case Number</i> |
| OBTS Number<br><i>Offender Based Transaction System</i> | Jail Booking Number        | Other Number                                        |

**LOCATION OF OCCURRENCE**

|                                                                                    |         |          |           |
|------------------------------------------------------------------------------------|---------|----------|-----------|
| County                                                                             | Address |          |           |
| Range of Occurrence Date/Time<br><b>01/01/1900 12:00 AM to 01/01/1900 12:00 AM</b> |         | Latitude | Longitude |

**PERSON: SUSPECT**

|                                                    |                         |                            |                 |                      |                                    |                          |                 |
|----------------------------------------------------|-------------------------|----------------------------|-----------------|----------------------|------------------------------------|--------------------------|-----------------|
| First Name<br><b>MYRON</b>                         | Middle Name<br><b>M</b> | Last Name<br><b>MILLER</b> |                 | Suffix               | Date of Birth<br><b>02/24/1976</b> | Age<br><b>??</b>         |                 |
| Master Name Index Number<br><b>MCSO75MNI035797</b> | SSN<br><b>- -</b>       | Race<br><b>W</b>           | Sex<br><b>M</b> | Height<br><b>600</b> | Weight<br><b>0</b>                 | Hair<br><b></b>          | Eyes<br><b></b> |
| Place of Birth                                     | Nation                  | License or Other ID        |                 | State                | Class or Type                      | Phone                    |                 |
| Address<br><b>4240 QUARTE HORSE DR</b>             |                         | City<br><b>WELLINGTON</b>  |                 | County               | State<br><b>FL</b>                 | Zip Code<br><b>33414</b> |                 |

**PROBABLE CAUSE**

|                                                                                               |
|-----------------------------------------------------------------------------------------------|
| Warrant Type: Misdemeanor<br><b>5015 FTA (OFFENSE)</b><br>Data converted from AMT Cjis System |
|-----------------------------------------------------------------------------------------------|

**LEO BOND**

|                |                               |                              |                               |                              |
|----------------|-------------------------------|------------------------------|-------------------------------|------------------------------|
| Bond Amount \$ | <input type="checkbox"/> None | <input type="checkbox"/> ROR | <input type="checkbox"/> Cash | <input type="checkbox"/> Pro |
|----------------|-------------------------------|------------------------------|-------------------------------|------------------------------|

**COURT APPEARANCE INFORMATION**

|               |             |                   |
|---------------|-------------|-------------------|
| Court         | Court Phone | Court Date & Time |
| Court Address |             |                   |
| Instructions  |             |                   |

|                                                             |                            |              |                                   |
|-------------------------------------------------------------|----------------------------|--------------|-----------------------------------|
| Report Date / Time<br><b>08/07/1996 12:00 AM</b>            | Agency Case/Offense Number | OCA Number   | Originating Agency<br>Case Number |
| OBTS Number<br><i>Offender Based<br/>Transaction System</i> | Jail Booking Number        | Other Number |                                   |

Before me personally appeared the above named law enforcement officer with the , and who being duly sworn, states the Defendant MYRON MILLER did commit the acts stated in this Probable Cause Affidavit. Based upon this sworn statement of facts, I find probable cause that the defendant did commit the crimes listed in the Charges Section of this affidavit. Therefore, I hereby command the immediate arrest of Defendant MYRON MILLER and order them brought before the courts to be dealt with according to the law.

So ordered on \_\_\_\_\_ by Judge \_\_\_\_\_

#### BOND SET BY JUDGE

|                 |                                |                                          |                              |                              |
|-----------------|--------------------------------|------------------------------------------|------------------------------|------------------------------|
| Bond Amount \$  | <input type="checkbox"/> None  | <input checked="" type="checkbox"/> Cash | <input type="checkbox"/> Any | <input type="checkbox"/> Pro |
| <b>\$500.00</b> | <input type="checkbox"/> PtrIQ | <input type="checkbox"/> ROR/Sign        | <input type="checkbox"/> PTR |                              |

#### ARREST INFORMATION

|                                                  |                     |         |                  |               |
|--------------------------------------------------|---------------------|---------|------------------|---------------|
| Arrest Date / Time<br><b>12/20/1996 12:00 AM</b> | Residency           | Injured | Extent of Injury | Resist Arrest |
| Prior Arrests                                    | Arrest Jurisdiction | Alcohol | Drugs            |               |

#### ARREST LOCATION

|        |         |
|--------|---------|
| County | Address |
|--------|---------|

#### ARREST DELIVERED TO

|                         |       |
|-------------------------|-------|
| Jail / Booking Facility | Phone |
| Location                |       |

#### ARRESTING OFFICER

|                     |              |                   |
|---------------------|--------------|-------------------|
| Officer Call Number | Officer Name | Officer Signature |
|---------------------|--------------|-------------------|

Subscribed and sworn to (or affirmed) before me  
this \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_ by \_\_\_\_\_  
who is \_\_ personally known to me or has produced \_\_\_\_\_ as  
identification.

\_\_\_\_\_  
Signature

\_\_\_\_ Notary Public \_\_LEO \_\_CO

Commission No: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_